

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549588

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
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43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.	1		1			
TOTAL DEP.	20	↓	18	↓		
TOTAL CLAIMS	21	◀	19	◀		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↓				
TOTAL CLAIMS		◀				